INVOICE

PLEASE REMIT TO:

INDIANA DEPT OF ENVIRONMENTAL MGMT CASHIER OFFICE - MAIL CODE 50-10C 100 NORTH SENATE AVENUE INDIANAPOLIS IN 46204

Customer

COUNTRYSIDE MHP
MR SHANE HERZNER
PO BOX 988
C/O THE SAX REALTY GROUP
MILFORD OH 45150

Page:

Invoice No: Invoice Date:

Customer Number:

000040924 07/07/2005

07/07/2005 CST100001758

060

Payment Terms: NET 60
Due Date: 09/05/2005

AMOUNT DUE:

Bill Type:

233.33 USD

Amount Remitted

Note Address Changes Above.

For billing questions, please call

317-233-0604

Line Adj Identifier

Description

Quantity

UOM

Unit Amt

Net Amount

- PLEASE NOTE NEW REMIT TO ADDRESS ABOVE.

- This annual fee billing is required for active Public Water Systems (to defray the costs of administering activities of the federal Safe Drinking Water Act) under Indiana Code: IC 13-18-20.5. To view via the internet, visit:

http://www.IN.gov/legislative/ic/code/titlel3/arl8/ch20.5.html

- Fees are based on the activity status as of December 31 of the previous year.
- Fees on Community Water Systems will be based on the number of service connections on record for the month of December of the prior year.
- Fees are not pro-rated. If a system is sold or inactivated during the billing year, the amount of the assessed fee remains due and payable.
- Fees assessed for 2005 billing year are equal to two-thirds (2/3) of the fee required as established under section 2 of the above-mentioned law.
- If payment of the assessed fee amount imposes an undue burden on the public water system, the facility may notify this Agency within forty-five (45) days of this invoice date to pay in four equal installments within a year.
- Payments not received or received after the DUE date are subject to a delinquency charge equal to 10% of the assessed fee.
- If several invoices are to be paid by one check, you MUST INCLUDE A COPY OF EACH BILLING INVOICE in order to ensure proper credit for each fee assessment.
- For questions regarding your assessed fee amount, please contact the Drinking Water Branch, Office of Water Quality at 317/308-3282.
- ATTENTION: The due date shown in the upper right hand corner of this invoice reflects the standard 60 days past the invoice print date.

1 05-IN5273005C-0

PWS Fee - SVC:68

1.00

233.33

233.33

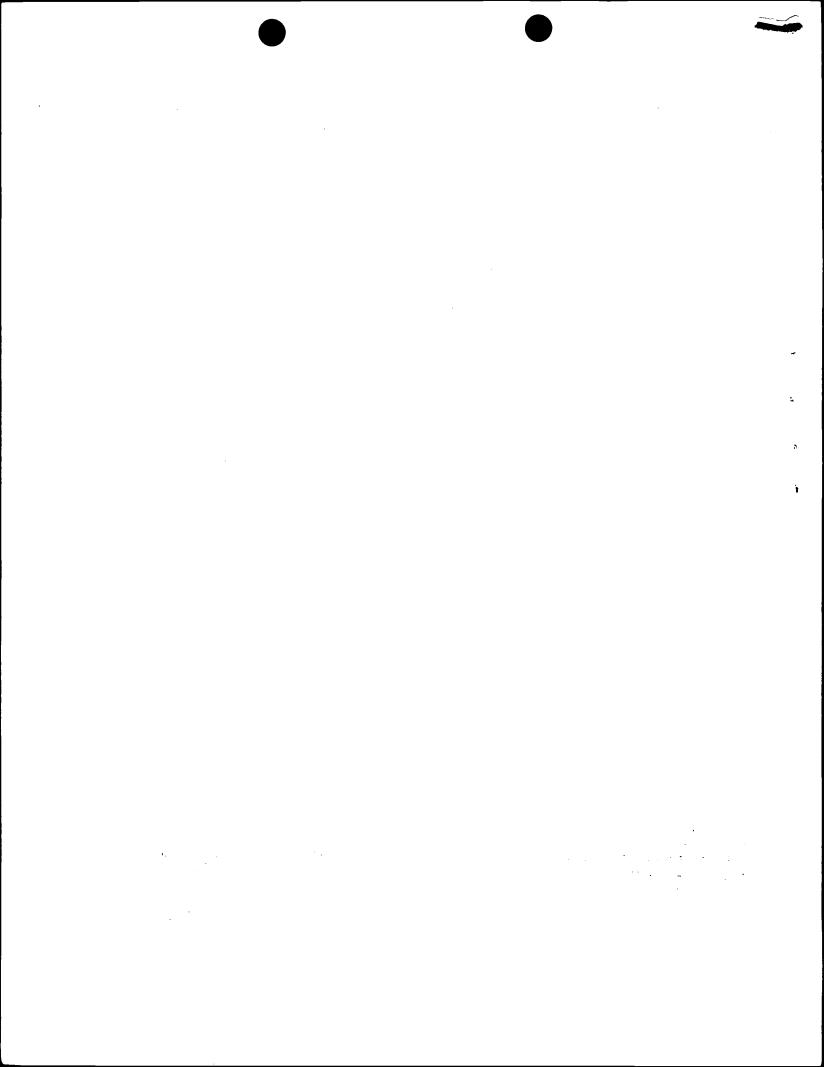
TOTAL AMOUNT DUE:

233.33

Please include a copy of your invoice along with payment.

Payments received without a copy of original invoice or invoice number noted on the check will be returned.

10-M-AR



NUMBER

COUNTRYSIDE M.H.P.

(MSC)